



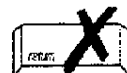
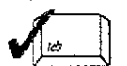
**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

FOR DEP USE ONLY

Tax Identification Number

## A. Reporting Facility

**Important:** When filling out forms on the computer, use only the tab key to move your cursor – do not use the return key.



See DEP Regional Office telephone and fax numbers at the end of this form.

### 1. Facility Information

Hull Water Pollution Control Facility  
 Reporting Sewer Authority

MA0101231

Permit #

### 2. Authorized Representative Transmitting Form:

Daniel

Calnen

781-925-0906

First Name

Last Name

Telephone No.

Assistant Plant Manager

daniel.calnen@unitedwater.com

Title

E-mail Address

## B. Phone Notifications:

- MassDEP staff contacted:** David Burns  
 first name last name  
 Date/Time contacted: March 30, 2014 4:30  
 Date Time ☐ am ☒ pm
- EPA staff contacted:** David Turin  
 first name last name  
 Date/Time EPA contacted: March 30, 2014 05:02  
 Date Time ☐ am ☒ pm
- Board of Health contacted:** \_\_\_\_\_  
 First Name Last Name  
 Date/Time contacted: \_\_\_\_\_  
 Date Time ☐ am ☐ pm
- Others notified (select all that apply):** ☐ Conservation Commission  
☐ Harbormaster ☐ Shellfish Warden ☒ Division of Marine Fisheries  
☐ Downstream Drinking Water Supplier ☐ Watershed Association  
☐ Beach Resource Manager ☒ Other: Jim Dow, Facilities Manager, Town of Hull  
 (specify)

## C. SSO Information

- SSO Discovered:** March 30, 2014 03:00  
 Date Time ☐ am ☒ pm  
 By: Hull Police
- SSO Stopped:** March 30, 2014 05:49  
 Date Time ☐ am ☒ pm
- SSO Discharge from:** ☒ Sanitary Sewer Manhole ☐ Pump Station  
☐ Backup into Property ☐ Other: \_\_\_\_\_  
 (specify)
- SSO Discharge to:** ☐ Ground Surface (no release to surface water)  
☐ Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
☐ Catch basin to Receiving Water \_\_\_\_\_  
 (surface water)  
☐ Backup into Property Basement



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**C. SSO Information (cont.)**

Location: 13 Rockland Circle, Hull, MA to nearby wetlands  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 8,500gallons

Method of Estimating Volume: Visual estimation of manhole overflow of 50gal/min

6. Cause of SSO Event:

☒ Rain Event    ☐ Pump Station Failure    ☐ Insufficient Capacity in System

☐ Treatment Unit failure

☐ Sewer System Blockage:    ☐ Pipe Collapse    ☐ Root Intrusion    ☐ Grease Blockage

☐ Other: \_\_\_\_\_  
(Specify)

7. Corrective Actions Taken:

Haulers mobilized to pump out Station 3 wet well and maintain system flows. Portable pump set up  
to pump from wet well into system downstream of the pump station. Flow pumped out of the system  
was hauled to Hull Wastewater Facility for processing. Station pumps were removed and repaired

Impact Area cleaned and/or disinfected:    ☐ Yes    ☒ No

Corrective Actions Completed:    ☒ Yes    ☐ No

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**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

☐ Attachment    ☐ Additional comments below:    ☐ No additional comments or attachments

Additional comments and planned actions:



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**E. Certification Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Daniel Calnen

Signature of Authorized Representative

4-4-14

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

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**MassDEP Regional Office and EPA Telephone and Fax Numbers:**

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557 ✓
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870 ✓
DEP 24-hour emergency	Phone: 888-304-1133	